## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stup ISSUE FEE
Commissioner for Patents
F.O. Box 1480
Alexandria, Virginia 22313-1450

						1)-273-2885			
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used i rrespondence includis below or directed of ms.	or training the	smitting the ISSI Patent, advance of in Block 1, by (a	UE FEE and PUBLE rders and notification a) specifying a new o					
CURRENT CORRESPONDEN	any change of andress)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
2099 7590 90212010 FROMMER LAWRENCE & HAUG 745 FITTH AVENUE: 10TH FL. NEW YORK, NY 10151					Certificate of Mailing or Transmission  I hereby certify that his Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE IEEE address above, or being facsismile transmitted to the USPTO (ST) 1273-2835, on the date indicated below.				
					(Depositor's rum				
		۴	i diche	(	now	(Signature			
	lly Filed	December 10, 2010 (Date)							
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/535,617 02/06/2006			Franco Bartoli			135424-2300			7497
TITLE OF INVENTION: I PRESBYOPIA									
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300		\$0		\$1810	12/21/2010
EXAMINER		ART UNIT		CLASS-SUBCLASS	LSS				
LIPITZ, JEFFREY BRIAN 3769 606-005000									
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.50.) Change of correspondence address (or Change of Correspondence Address form PTO/SBI (22) attached. — Tee Address' indication (or "Fee Address" Indication form PTO/SBI /8: Rev 0.50.2 or more recent) attached. Use of a Custome Number is required.				2. For printing on the patient front page, list (1) the names of up to 3 registered patient attenues or agents OR, alternatively, (2) the name of a nighe firm thaving as a member a registered attenues or agend) and the names of up to listed, as name will be printed.  2.  3.					
3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Carl Zeiss Medi	s an assignee is ident n 37 CFR 3.11. Comp TEE				he p g an	atent. If an assigne assignment.			ocument has been filed fo
Please check the appropriate	e assignee category or	catego	rics (will not be pr	inted on the patent):	0	Individual 🖫 Co	rporati	on or other private gre	oup entity Governmen
4a. The following fee(r) are submitted:  3 Issue Fee  4b. Payment of Fee(r): (Please first reuptly any previously paid issue fee shown above)  A check is nedoord.  4b. Phyment by credit card. Form PTO-2028 is attached.  4b. Phyment by credit card. Form PTO-2028 is attached.  4c. Primer									
5. Change in Entity Status  a. Applicant claims S	MAIL ENTITY state	s <sub>r</sub> Scc	37 CFR 1.27.	b. Applicant is no	lon,	ger claiming SMAI	LEN	TITY status. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee and F interest as shown by the rec	uffication Fee (if requords of the United Sta	uired) v ds Pat	will not be accepted ent and Trademark	d from anyone other the Office.	ian t	he applicant; a regis	stered a	ittorney or agent; or th	e assignee or other party i
Authorized Signature	- July	V				Date Decem	ber 1	0, 2010	
Typed or printed name _		Registration No. 35,930							
This collection of information application. Confidential submitting the completed at this form and/or suggestion. Box 1450. Alexandria, Virg.	on is required by 37 C lity is governed by 35 pplication form to the s for reducing this buy rinia 22313-1450. DO	U.S.C U.S.P.I VSPI den, st	11. The informatic 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR O	on is required to obtain 1.14. This collection is depending upon the e Chief Information C COMPLETED FORM	or r is est indiv	etain a benefit by th imated to take 12 n idual case. Any co r, U.S. Patent and ) THIS ADDRESS	ne publ ninutes mment Traden SENI	to complete, including s on the amount of tin ark Office, U.S. Depa O TO: Commissioner f	by the USPTO to process g gathering, preparing, an ine you require to complete artment of Commerce, P.C. for Patents, P.O. Box 1456

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number